

jc923 U.S. PTO
02/26/02

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 10-432 US

First Inventor Copner et al.

Title Athermal Interferometer

Express Mail Label No. _____

20/92/20
10/08/2002
U.S. PRO
11050

APPLICATION ELEMENTS		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231
See MPEP chapter 600 concerning utility patent application contents.		
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 20] (preferred arrangement set forth below)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) c. Specification Sequence Listing on:
		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper
		c. <input type="checkbox"/> Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS		
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations () 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part(CIP) of prior application No. 60/271,428

Prior application information:

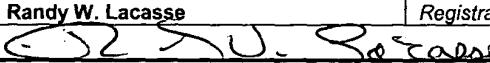
Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	[Barcode Area] Insert Customer Number or Bar Code Label here		or	<input type="checkbox"/> Correspondence address below
Name	26381			
Address	PATENT TRADEMARK OFFICE			
City	State	Zip Code		
Country	Telephone	Fax		

Name (Print/Type)	Randy W. Lacasse	Registration No. (Attorney/Agent)	34,368
Signature			
	Date	2/26/02	

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$ 758

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Copner et al.
Examiner Name	Unknown
Group Art Unit	Unknown
Attorney Docket No.	10-432 US

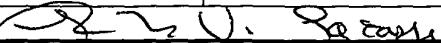
METHOD OF PAYMENT					FEE CALCULATION (continued)																																																																																																																																																																																		
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 50-1465</p> <p>Deposit Account Name JDS UNIPHASE</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fees Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>					<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge – late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> 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103	18	203	Claims in excess of 20		102	84	202	Independent claims in excess of 3																																																																																																																																																																															
104	280	204	Multiple dependent claim, if not paid		109	84	209	** Reissue independent claims over original patent																																																																																																																																																																															
110	18	210	** Reissue claims in excess of 20 and over original patent	\$ 18																																																																																																																																																																																			
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**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$ 0

Name (Print/Type)	Randy W. Lacasse	Registration No. (Attorney/Agent)	34,368	Telephone	703-415-1015
Signature				Date	2/26/02